

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

**MORTGAGE GUARANTY FORM AND SUPPLEMENTAL RATE FILING
COMPLIANCE QUESTIONNAIRE**

COMPANY	Co. File No.
Company Contact:	Phone Number:
E-Mail Address:	

Instructions: All applicable items must be answered. Responses in the shaded area indicate non-compliance with sections of Article 65 of the Insurance Law. Form, page and paragraph references that bring the submission into compliance must be included. Failure to complete all items, or responses in the shaded area, will result in this filing being returned without further review.

I Form Requirements

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| a. Does the policy include a provision indicating the insurer may not obtain a deficiency judgment (subrogate) against a borrower in the event of foreclosure? [§6503(g)] | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| b. Does the policy indicate that title to the property is clear prior to transfer to either the lending institution or the insurer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| c. Does the policy comply with the Homeowners Protection Act (HPA) of 1998 regarding cancellation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| d. Does the policy provide coverage for mortgages with a negative amortization feature? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. If the policy is providing pool insurance coverage, is the policy in compliance with Regulation No. 91? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

II Rate Requirements

- | | | |
|---|------------------------------|-----------------------------|
| a. Does the filing include an actuarial memorandum? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. Does the filing include at least 5 years loss data for countrywide and New York? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Does the filing include an expense exhibit? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. If the rates are a revision of a previously approved program, does the filing contain a side-by-side comparison of the previously approved rates with the proposed rates? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. If the rates are base on competition, does the filing contain the name(s) of the competitor(s) being used, the date the rates were approved in New York and a detailed comparison of the competitor's rates and your proposed rates? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

NOTE: All citations in Brackets are to the applicable sections of Article 65 of the Insurance Law.